



## MANAGEMENT OF AUTISTIC CHILDREN

**Kate Amodenu Anyanwu<sup>1</sup>,**

**Jacob Filgona<sup>2i</sup>,**

**Linus K. Sababa<sup>3</sup>**

<sup>1</sup>Federal College of Education,

Yola, Adamawa State, Nigeria

<sup>2</sup>Government Day Secondary School,

Monduva, Mubi South LGA, Nigeria

<sup>3</sup>Department of Educational Foundation,

Adamawa State University, Mubi, Nigeria

### Abstract:

Psychologists, therapists and other professionals that are concerned in the wellbeing of all creation are in the business of promoting and maintaining good health. The paper titled "Management of Autistic Children" discussed how Autistic individuals and their parents can be helped with the emotional and psychological problems they are passing through. The paper highlighted the concept of Autism, its obvious characteristics in communication, social development and repetitive behaviour. Furthermore, it discussed how best to improve the management of Autistic individuals. The roles of parents and guidance Counsellors in the management of Autistic Children were highlighted. It was recommended that there should be testing of Autistic individuals to ascertain the particular learning style he/she is best suited for. Individual counseling of parents of the affected ones would also be of great help and encouragement to them.

**Keywords:** autistic children; autism; management; aloneness; repetitive behaviour

### Introduction

The Creator works in mysterious ways to perform His wonders to human and all other Creations. Any distortion of this may bring abnormalities of many types, which may affect development in visibility, mobility, mentality, communication, language, social

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<sup>i</sup> Correspondence: email [filgonajeff@gmail.com](mailto:filgonajeff@gmail.com)

interaction with others and or a combination of a number of these. Chaste and Leboyer (2012) maintained that *“Autism is strongly associated with agents that cause birth defects”*. This condition obviously brings psychological trauma to persons concerned. Autism is found to be among such conditions of distorted creation. Much effort has been put in place for the management of children with Autism. This paper is aimed at discussing the characteristics of Autistic individuals, their management through the use of learning styles and roles parents and guidance Counsellors could play in the management of Autistic Children.

### **What then is Autism?**

Autism as a concept had assumed various definitions. One of such ideas is that autism is a lifelong and complex developmental disability that affects the way a person communicates and relates with people around him/her. Okwudire (2010) opines that it is a psychological condition present in a child from early childhood. It is characterized by difficulties in communication and formation of good social interaction with others. Autism means “aloneness” or living in one’s own world. As earlier stated, Autism falls under developmental disability; which typically involves delay and impairment in language, behaviour and interaction ability in children. This may not be unconnected to the fact that neurosis which is a mild mental illness that does not occur as a result of organic disease is somehow affected.

Matson and Nobel-Schwalm (2007) suggest that in children with intellectual disability, Autism is associated with aggression destruction of property and tantrums. Typical of Autism is that it is a spectrum disorder, which means that it has no rigid pattern in the way it is shown in children. Adams (2012) opines that some children may have speech, while others may have little or no speech. According to the author, some Autistic children that have normal speech may have other Autistic social and behavioural problems. Moreover, people with Autism may be severely impaired in some respects but normal or even superior in others.

In another development, Autism is highly heritable. According to Chaste and Laboyer (2012), Autism risk factors are genes, environment and gene-environment. It is important to understand that Autism is a label for people who have a certain set of symptoms (impairments in social skills, language and behaviours).

### **Characteristics of Autistic Individuals**

Autistic children certainly exhibit a number of behavioural patterns that depicts what they are passing through. This differentiates Autism from hidden disability. Display of

puzzling and disturbing things, running around the classroom and not listening to the teacher has been identified by Matson and Nobel-Schwalm (2007) as being some of the characteristics of Autism.

Autism can be classified into the following:

- a. Communication
- b. Social development
- c. Repetitive behaviours

### **A. Communication**

Researchers had found that about a third to a half of Autistic children do not develop enough natural speech to meet up with their daily communication needs. Characteristics of Autism as recorded by Noens, Verpoorten and Van Duiji (2006) include: delayed onset of babbling, unusual gestures, diminished responsiveness, and vocal patterns that are not synchronized with the caregiver. Such children hardly open their mouth to request for their needs or to share their experiences. Children with Autism may have difficulty with imaginative play and developing symbols into language. Moreover, children with Autism have usual response to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms ranged from mild to severe. Usually, they will present in each child differently. Due to the fact that Autism is a spectrum disorder, each child displays communication, social and behavioural patterns that are individual but fits into the overall diagnosis of Autism Spectrum Disorder. Hence, each of them should be managed individually since each is unique and present different characteristics. Nevertheless, other characteristics of Autistic children are lack of eye contact, isolation, having no fear of danger, emotion, cognitive and fine motor skills of the Autistic children are affected. Landa (2007) added that in severe cases, Autistic children may not interact with others, or treat people as objects.

The Department of Health and Human Services (2007) listed a number of possible indicators of Autism as:

1. Does not babble, point, or make meaningful gestures by 1 year of age;
2. Does not speak one word by 6 months;
3. Do not combine two words by 2 years;
4. Does not respond to some;
5. Losses language or social skills easily;
6. Poor eye contact;
7. Does not seem to know how to play with toys;
8. Excessively lines up toys or other objects;
9. Is attached to one particular toy or object;

10. Does not smile;
11. At times seems to be hearing impaired.

Notwithstanding, early diagnosis and treatment of affected children will help them improve their lives and reduce emotional and psychological problems to the parents. Children with Autism spectrum disorder benefit from early intervention, the earlier the better (Conlan in Okwudire, 2010).

## **B. Social Development**

Socially, characteristics of Autism manifest themselves in unusual social development which becomes apparent early in childhood. Autistic children indicate less attention to social stimuli, smile and look at others less often, and respond less to their own name. According to Fred, Reah, Sally and Kevin (2014), Autistic toddlers differ more strikingly from social norms. For example, they have less eye contact and turn-taking, and do not have the ability to use simple movements to express themselves, such as pointing at things. At their later years, they can initiate and respond to emotions, communicate nonverbally, and take turns with others. In addition, such children are observed to suffer from frequent loneliness. They find it difficult to maintain friendship because they lack response to other humans and limited ability to communicate and socialize. People with Autism have social impairment and often lack the intuition about others that many people take for granted (Rapin & Tuchman, 2008). Autistic children are equally found to be lacking in social skills, language and behaviour.

**Attention span:** short attention spans are common in Autistic children. This needs to be built. Providing them with what they can do with their hands could be of help to them; 'hands-on' project. Edelson (2011) maintained that active learning can be of great help in keeping children focused, alert and engaged, making it easier to stay on task. Divide each project into small steps with breaks given after each one. This gradually helps them build a more appropriate attention span.

## **C. Repetitive Behaviour**

Autistic individuals display many forms of repetitive or restricted behaviour, which the Repetitive Behavior Scale-Revised (RBS-R) by Lam and Aman (2007) categorized as follows.

**Stereotyped Behaviours:** This refers to repetitive movements, such as hand flapping, head rolling or body rocking.

**Compulsive Behaviour:** This is a time-consuming behaviour intended to reduce anxiety that an individual feels compelled to perform repeatedly.

**Sameness/Ritualistic Behaviour:** This involves resistance to change; for example, insisting that the furniture not be moved or refusing to be interrupted. It

involves an unvarying pattern of daily activities, such as an unchanging menu or a dressing ritual. This is closely associated with sameness and an independent validation has suggested combining the two factors (Lam & Aman, 2007).

**Restricted Behaviour:** is limited in focus, interest or activity, such as preoccupation with a single television programme, toy or game.

**Self-injury:** Includes movements that injure or can injure the person, such as eye-poking, skin-picking, hand-biting and head-banging (Johnson & Myers, 2007).

No single repetitive or self-injurious behaviour seems to be specific to Autism, but Autism appears to have an elevated pattern of occurrence and severity of these behaviours (Bodfish, Symons, Parker & Lewis, 2000).

### **Management of Autistic Children**

Several strategies have been used in an effort to help children with Autism overcome their problem. The fact about all these treatments and intervention strategies is that there is no single best treatment package for all children with Autism spectrum disorder (Okwudire, 2010). This is true considering the fact that each Autistic individual manifests unique and different characteristics from the others. In order to improve on the best way to manage autistic children, the paper advocates the use of Edelson's approach, this is, Learning Style. Learning style, according to Edelson (2011) is a concept which attempts to describe the methods by which people gain information about their environment. People can learn through seeing (visually), hearing (auditory), and or through touching and manipulating an object (kinesthetically or "hands-on" learning).

For younger children these include:

1. Engaging children in social interaction by telling stories while working together to illustrate it with simple drawings.
2. Add textile elements to lessons by decorating flashcards with fabrics and objects of varying textures.
3. Develop fine motor skills by drawing and colouring flashcards while teaching letter and number recognition.
4. Help the children learn about patterns by sorting objects by colour or shape which also gives them a sense of pride when the job is completed correctly.
5. Mixing instant puddings or homemade dough can help children learn to follow simple instructions with the help of tactile stimulation to maintain attention.
6. The children can help make paper cutouts which can be used to act out a story that will be read about. This can be great literacy and comprehension reinforcement.

### **For the older children**

1. Divide each project to be given to them into small steps with breaks given after each one.
2. Help reinforce speech and languages skills by singing and playing musical instrument to help find motor skills.
3. Bring history and social studies lessons firmly into focus for Autistic children by model building, painting and drawing projects. Lessons on plant biology can be brought home with a plant-growing project.
4. Art projects that correspond with lesson plans for the day can be very helpful in reinforcing academic subjects, such as making clay models of animals or objects learned about earlier in the day.
5. Organizing cooking and baking projects to help older children in learning Math skills through measuring ingredients and gaining competency in following directions. Getting to eat the finished product is a tangible reward for a job well done.

Management of autistic individuals in schools and homes is therefore not without first ascertaining individual unique characteristics. The learning style that can be of help to him/her will then be determined. Edelson (2011) confirms that one's learning style may affect how well an Autistic child performs in an educational setting.

Generally, in a normal setting, most people can either learn via visual, auditory and through kinesthetic. Autistic individuals mostly rely on just one style of learning. For example, when an Autistic individual likes looking at books, pictures, watching television (with or without sound) and tends to look carefully at people or object, the child is most likely a visual learner. When an Autism individual talks excessively, enjoys people talking to him/her and prefers listening to radio or music, the individual indicates to be an auditory learner. In the same vein, if an Autistic individual tends to take things apart, pushing buttons and opening and closing drawers, this could indicate that he/her is a kinesthetic learner. Using the above styles (visual, auditory and kinesthetic) increases the likelihood of the child's learning. Okwudire (2010) opines; *"The gains might be small at first, but it all adds up"*. When a teacher or parent is not sure of the child's learning style, the best way is to use the three learning styles. In using these learning styles, for example, in teaching a concept like pop-corn, a packet of it can be displayed (visual), describing its features (auditory) and allowing the individual to touch and taste it (kinesthetic).

In another development, Brimblecombe and Barltrop (in Okwudire, 2010) are of the opinion that the most effective help to the Autistic individual can be given by appropriate educational methods. Although even with the best available method,

progress will be slow. Blueprint on education for the handicapped (1990) intensifies the educational intervention for the management of Autism. This says; to the handicapped child, the acquisition of knowledge through education has come to be recognized as the only opportunity to escape from all obstacles to progress into life of achievements and self-fulfillments. Education possibly will be successful in building up autistic individual skill. Importance of using education in the management of autistic individuals is enormous. Jordan (as cited in Okwudire, 2010) maintain that education remains one treatment approach with best 'track record' for dealing with difficulties associated with Autism. The access to education is not just a statutory right for people with Autism, but it also can have a central role in remediating the effects of Autism (not curing it). This can improve the quality of life for individuals with Autism throughout their life span. It is important therefore that educator assesses the learning style of an Autistic individual as soon as the child enters the school. Educators should adapt their teaching style in rapport with the strength of students. This affords Autistic child the opportunity for success in life. Patience, endurance and determination should be a guide to whoever is placed in the management of Autistic individuals.

### **Other Management of Autistic individuals**

Other possible managements of Autism are:

1. Appropriate therapies for their (Autistic children) full potential.
2. Health must be checked regularly.
3. Special diets are beneficial.
4. Certain nutritional supplements, especially vitamin B6 and dimethylglycine (DMG), can provide a safer and more effective alternative to drugs. Rimland and Bartak (as cited in Okwudire, 2010) found that special diet like ketogenic diet, modified Atkin's diet and a glutton free diet were beneficial in controlling seizures and actually improved other symptoms.
5. In the case of sleeping problem, implementing a regular bedtime routine (taking a bath, brushing teeth, reading a book) will help induce sleep. Also, vigorous exercise will help an individual to sleep.
6. An individual with Autism has moderate pica (refers to eating non-food items like sand, dirt, paper etc.). This can lead to in-take of poison.
7. Increase in the in-take of fruits and vegetables, and rich sources of potassium may be helpful. Physical therapy done on a daily basis can be helpful.
8. Intensive behavioural intervention introduced by Lovaas Ivar in 1987 has being of help to most Autistic children.

9. 'Hands-on' projects are wonderful tools for children with visual learning styles. Hands-on project can be beneficial to almost all children with Autism. This involves the combined activity and education that these projects bring.

In an integrated learning environment, hands-on project will help individuals with Autism to interact and cooperate with other children, promoting understanding and fostering those vital social and communication skills. This can be just plain fun for all involved (Edelson, 2011).

### **Role of Parents**

Parents of individuals with Autism play multiple roles in their children's life. They are often the first people to recognize a developmental problem, and they should pursue their concern until they receive a satisfactory diagnosis, and find or develop appropriate services for their child. These demands on parents occur in the context of family life, including the needs of other children, the parents as individuals and as couple, and family needs as a whole.

In order to provide an appropriate education for their child, parents of individuals with Autism need specialized knowledge, skills and scientifically based information about Autism and its treatment. Prime among these are the mastery of specific teaching strategies that enable them to help their child acquire new behaviours. Gallagher (1992) points out the complex demands this place on parents and the need to support family decision making and control. As a child's behaviours improves and his or her skills become more adaptive, families have a wider range of leisure option and more time for one another. In order to realize these gains, parents should continue to learn specialized skills enabling them to meet their child's needs.

Professionals, serving individuals with Autism and their families should also be sensitive to the cultural context of service delivery (Harris, 1996). Shapiro and Simonsen (1994) opine that cultural sensitivity means providing services in a language in which parents are fluent.

### **Role of Counsellors**

It can be devastating to parents on receiving a diagnosis of Autism for their child. This can be capable of throwing them off balance emotionally. They can be overwhelmed by fear and the grief for the loss of the future they had hoped for their child. One of the major roles of Guidance and Counselling is to help clients achieve their purpose in life. It is therefore the duty of a counsellor to render help to the parents of Autistic



individuals. He/she can join parents support group to be talking and encouraging them. This should be done constantly.

## Conclusion

Since Autism is genetic in nature and the patterns it manifests on affected individuals vary, it is important that each be managed differently. The school, home, guidance counsellor and whoever is concerned with the management of Autistic individuals should be patient and determined to render the needed help to them unconditionally.

## Recommendations

There should be financial and materials support for autistic individuals and families. Counseling and encouraging them not to relent in taking care of their child and to take the situation in good faith could go a long way in helping autistic individual parents manage the situation.

Parents (not only mothers) should go for special training on how to take care of their children. Parents of such individuals should create a forum of meeting together to share ideas and discuss solutions.

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